



**WASHINGTON STATE GAMBLING COMMISSION**  
LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400  
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631  
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637  
WEB SITE: www.wsgc.wa.gov

## TRANSFER APPLICATION

**FEE: \$55.00**

**In accordance with WAC 230-04-240, special investigative fees may be requested if costs exceed the basic fee provided with this application.**

### \*\*\* GENERAL INSTRUCTIONS \*\*\*

- Please read the enclosed pamphlet entitled *Gambling License Certification Program* and the condensed rules pertaining to each area of the application. **You will find them very helpful and informative.**
- Please **type or print with dark ink**. Answer **ALL** questions. Use **N/A** if not applicable.
- Be sure that you select and check the correct transfer action.
- Make sure that the application is signed and dated by the appropriate individual(s).
- **Avoid processing delays.** Ensure that the application and any attachments are complete.
- **NOTE:** Application documentation may be faxed to expedite the application process.  
Mail or deliver the completed application and fee to the above address.  
Attend mandatory training as required by WAC 230-04-020. See attached letter (GC5-158).
- For assistance, call licensing services at our toll-free number 1-800-345-2529 or (360) 486-3440.

### 1. Type of Transfer Action: (Mark ☒ one and complete all requirements)

- |   |  |
|---|--|
| <input type="checkbox"/> Change of Business Classification<br>(Complete items #2, #3 and #6). | Used when change from:<br>Sole proprietorship to corporation, partnership to corporation, partnership to sole proprietorship, LLC to corporation, LLC to sole proprietorship., etc.  |
| <input type="checkbox"/> Court Directed Change<br>(Complete items #2, #4, and #6)             | Used when a court has appointed a guardian, executor, administrator, receiver, etc., for proven incapacity, death, receivership, bankruptcy, or assignment for benefit of creditors. |
| <input type="checkbox"/> Dissolution of Partnership<br>(Complete items #2, #5, and #6)        | Used <b>only</b> when a partnership buys out one or more partners but continues operation as a partnership.  |

### 2. Applicant Information:

- a. Organization's Name  
(prior to this transaction): \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
County UBI #: \_\_\_\_\_
- c. If you checked the *Change of Business Classification* in Item #1 above, type or print the name of the corporation, partnership or sole proprietor that will own the business after change here:  
\_\_\_\_\_

### 3. Change of Business Classification Information / Requirements: (WAC 230-04-340 (3))

- a. **List all owners prior to this transaction:** Attach additional sheets, if necessary, using this format.

- Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Title: \_\_\_\_\_  
Percentage Owned: \_\_\_\_\_%

---

**3. Change of Business Classification Information / Requirements:** (Continued)

**a. List all owners prior to this transaction:** Attach additional sheets, if necessary, using this format. (Continued)

- Last Name: |\_\_\_\_\_|  
First Name: |\_\_\_\_\_| MI: |\_\_\_\_\_|  
Title: |\_\_\_\_\_|  
Percentage Owned: |\_\_\_\_\_|%
- Last Name: |\_\_\_\_\_|  
First Name: |\_\_\_\_\_| MI: |\_\_\_\_\_|  
Title: |\_\_\_\_\_|  
Percentage Owned: |\_\_\_\_\_|%
- Last Name: |\_\_\_\_\_|  
First Name: |\_\_\_\_\_| MI: |\_\_\_\_\_|  
Title: |\_\_\_\_\_|  
Percentage Owned: |\_\_\_\_\_|%

**b. Complete and submit the appropriate form(s):** (All forms listed below are attached)

**(1) From a sole proprietorship / partnership / LLC to a corporation:**

- *Disclosure of Corporate Officers / Stockholders* (GC4-017).
- *Disclosure of LLC Members / Managers* (GC4-017b).
- *Disclosure of Partnership* (GC4-017c).
- A copy of your signed and dated articles of incorporation, showing the filing stamp placed by the Secretary of State's office.
- Minutes of your corporate meeting showing the formation of the corporation, election of officers and issuance of stock.
- Signed and dated copies of all documents setting out the sale and / or transfer of the stock issued.
- All documents covering assignment, sale or lease of business and premises to the corporation. (Please ensure each document has been signed and dated.)

**(2) For a partnership or LLC to a sole proprietorship:**

- Signed and dated copy of partnership dissolution and buyout of partner(s).
- All documents covering sale or assignment of business and premises to the sole proprietor.
- *Financial Statement* (GC4-320).
- *Source of Funds Statement* (GC4-321).

---

**4. Court Directed Change Information / Requirements:** (WAC 230-04-350)

**a. Name of deceased or incapacitated owner:**

Last Name: |\_\_\_\_\_|  
First Name: |\_\_\_\_\_| MI: |\_\_\_\_\_|

**b. Name of court appointed guardian, executor, administrator, receiver, etc.: (Please designate.)**

Last Name: |\_\_\_\_\_|  
First Name: |\_\_\_\_\_| MI: |\_\_\_\_\_|  
Designation: |\_\_\_\_\_|  
Telephone: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

c. Reason court action required: \_\_\_\_\_

\_\_\_\_\_

d. Please submit the following:

- A copy of the signed and dated court order and any other documents appointing or confirming the above named as guardian, executor or administrator, receiver, trustee, or assignee for the benefit of creditors and, in the case of death, a copy of the certificate of death, will, community property agreement, or such document.
- If not previously submitted, complete and submit a *Personal / Criminal History Statement* (BLS-700-301) for the individual and spouse listed in 4.b. above, and for those persons listed per attached WAC 230-04-022(6).

- a. Submit all signed and dated documentation on the buyout of the other partner(s).
- b. Complete and submit attached:
  - *Financial Statement* (GC4-320); and
  - *Source of Funds Statement* (GC4-321).

If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity. To accomplish this submit a copy of one of these official documents: a valid driver's license, a military identification card, a valid passport, or an alien registration card (if you are a registered alien). Also include a current, full facial view photograph no smaller than 1" x 1" nor larger than 3" x 5". Write your name and social security number on the back of the photograph. You may also be required to submit fingerprints. If so, fingerprint cards, with instructions, will be sent to you.

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020(4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I further understand that should any information provided on the application change or become obsolete and / or if any criminal or civil actions are filed against me, I must inform the commission and my employer. (See WACs 230-04-022, 230-12-305, and 230-12-310).

Signature: \_\_\_\_\_